



# MEMBERSHIP FORM

PLEASE COMPLETE IN **BLOCK CAPITALS** AND RETURN TO THE MEMBERSHIP SECRETARY WITH PAYMENT

**Welcome to Plymouth Musketeers Running Club.** We are a running club open to athletes of any ability. To ensure we have the correct contact details for you, please fill out this form and return to the Membership Secretary

## SECTION A: ANNUAL MEMBERSHIP FEE

Please tick which membership you require. Annual membership runs from 1<sup>st</sup> April – 31<sup>st</sup> March. There is no initial joining fee.

Session fees may apply on a per session basis. **Bacs payments Sort code 309668 Account No 00658704** This is our preferred method of payment however cash or cheques made payable to Plymouth Musketeers will be accepted.

**First Claim Club = £26**

**Couple/Partner Membership = £50**

**Second Claim Club or Non Competitive Runner = £10**

EA Registration No:

## SECTION B: ATHLETE DETAILS

<b>First Name</b>		<b>Surname</b>	
<b>Address</b>			
	<b>Postcode</b>		
<b>Telephone</b>		<b>Mobile No.</b>	
<b>Date of Birth (DD/MM/YY)</b>		<b>Email Address</b>	
<b>Are you a member of any other sports club? (If yes, please state which club and which sport)</b>			
<b>Country of Birth</b>		<b>Male / Female</b>	

## SECTION C: MEDICAL INFORMATION

Please detail below any important medical information that our leaders and coaches should be aware of and you wish to disclose (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write '**None**'. If you are new to exercise please consult your doctor before starting with the club.

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## SECTION D: EMERGENCY CONTACT INFORMATION

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

<b>Emergency Contact Name</b>	
<b>Emergency Contact Number:</b>	

## SECTION E: DISABILITY

### Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability?

Yes  No

If yes, what is the nature of your disability?

Please detail below any important medical information that our coaching coordinator should be aware of:

Visual impairment  Hearing impairment  Physical disability  Learning disability  Multiple disability

Other (please specify)

## SECTION F: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the club's codes of conduct, rules and policies, details of which are available on the club website. I also confirm that I understand that participation in any group or class is entirely at my own risk.

When you become a member of or renew your membership with Plymouth Musketeers Running Club you will automatically be registered as a member of England Athletics. We will provide England Athletics with your personal data which they will use to enable access to an online portal for you (called myAthletics). England Athletics will contact you to invite you to sign into and update your MyAthletics portal (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact [dataprotection@englandathletics.org](mailto:dataprotection@englandathletics.org).

<b>Signature</b>		<b>Date</b>	
<b>Print Name</b>		<b>Title (Mr, Mrs Miss, Ms)</b>	

We look forward to welcoming you to the club. To find out all the latest club information, please visit our website: [plymouthmusketeers.org.uk](http://plymouthmusketeers.org.uk)

Membership fee received  EA informed  EA number received